COLLEGE OF LAW I-20 REQUEST



OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS

Phone: 517.353.1720 | Fax: 517.355.4657 E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

THIS SECTION TO BE COMPLETED BY THE STUDENT					
Last Name:	First	Name:	APID		
Date of Birth (mm/dd/yyyy):		U.S. OR International Phone No:			
Country of Citizenship: Cou		ntry of Birth:	City of Birth:		
U.S. Address: (if any)					
Foreign address:					
Level: Master's J.D.		ngth of Program:			
Name of Program:					
Sponsorship: Self Sponsorship Parent Other:					
Did you receive a scholarship from MSU? No Yes If yes, amount:					
Do you presently hold a valid F-1 or J-1 status? No Yes, If yes, name of institution:					
Do you have any dependents that will travel as an F-2 (Spouse/Child)? No Yes, If yes, how many					
REASON FOR REQUESTING I-20					
INITIAL I-20 REQUEST: INITIAL STUDENTS BEGINNING THEIR STUDIES IN FALL					
TRANSFER-PENDING I-20: TRANSFER AN I-20 FROM ANOTHER INSTITUTION IN THE U.S.					
TRANSPER-FEINDING 1-20. TRANSPE	IN AIN 1-20 FROIVI	ANOTHER INSTITUTION IN TH	L 0.3.		
2020-2021 MI	NIMUM FUND	NG REQUIREMENTS FOR IS	SUANCE OF I-20		
				TOTAL	
Juris Doctor degree (J.D.)	\$45,6	\$20,172	\$1,896	\$67,668	
Master of Laws (LL.M.)	\$32,4	\$20,172	\$1,896	\$54,468	
Dependents	\$5,000 (spou	se) \$3,000 (Each Child)			
I understand that the cost of tuition and	d fees may char	nge according to the amoun	t of credits I am taking. I	understand	
that I must have student health insurar	ice and that, if I	have any dependents, then	they too must have hea	Ith insurance.	
Student Signature: Date:					
REQUIRED DOCUMENTS					
THE FOLLOWING DOCUMENTS MUST BE					
 PASSPORT: Copy of the passport bio page for student and dependents (if any) PROOF OF FUNDING: Bank statement from you or your sponsor detailing the minimum funding requirement 					
AFFIDAVIT OF SUPPORT: If sponsored by a person other than student: Complete the Affidavit of Support form					
SCHOLARSHIP LETTER (IF ANY): If y	ou are awarded	a scholarship from MSU, pro	vide your scholarship lette	er	
THIS SECTION TO BE COMPLETED BY th	e College of La	w			
1. Does the student have the required English Proficiency? No Yes					
2. Was the student awarded a scholarship from MSUCOL? No Yes if yes, Amount					
3. Program Start Date:		am End Date:			
THIS SECTION TO BE COMPLETED BY O	ISS				
Approved			Denied		
OISS Advisor Signature:	Date:				